

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-2-2010

Address: 2473 unionville road

Case #: 34-36607

Paoli IN

County: oRANGE

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☒ Red Phosphorous/Iodine Reaction(s): attic
☒ Flammable Solvents: attic
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: garage
☒ Corrosive Base: kitchen
☒ Other (item and location): Iodine

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Paoli FD

Fax: 812 723 2411

Health Department: Orange

Fax: 812 723 3600

Child Protection Service: NA

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Paul Andry

Phone 812 482 1441

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.